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ABSTRACT

Collected in this working paper are summary descriptions of 17 innovative community action programs designed to prevent child abuse. These programs were developed by individuals, community groups, hospitals, and/or state chapters of the National Committee for Prevention of Child Abuse, as well as by other groups and organizations. Located in different states, programs have used various approaches, focused on various populations, and attempted to reach different goals. Examples include (1) a parent education/support group for adolescent and inexperienced parents and parents-to-be; (2) a clearinghouse for information about services for handicapped and developmentally delayed children from birth to 3 years of age; (3) a support group for young adults who have been abused; (4) a program and film to help upper-elementary latchkey children and their parents improve self-care situations; (4) a project providing parenting education and support for single teenage parents; (5) a 30-minute drama (available as a live production or on videotape) for elementary school children, designed to increase their awareness of different kinds of touching, including sexual assault; (6) a stress/crisis intervention program intended to prevent the development of abusive patterns of family interaction; (7) a parent education project using street theater performances directed toward "hard-to-reach" parent populations; (8) a perinatal attachment demonstration project for teenage first-time parents; and (9) a program for primary prevention of child abuse, implemented at the community level in a mobile home park. (RH)

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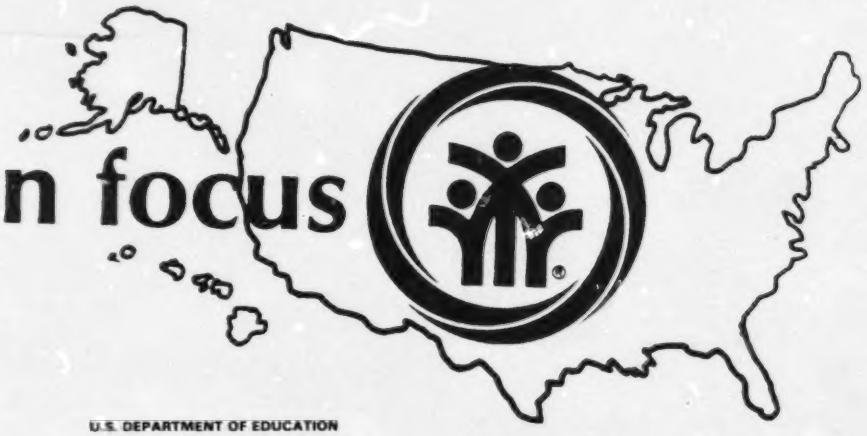

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INNOVATIVE APPROACHES TO PREVENTING CHILD ABUSE:

VOLUNTEERS IN ACTION

Working Paper 015

PS 013753

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PLAY TIME
Parents Learning About Youngsters

Play Time is a weekly parent education/support group for adolescent and inexperienced parents and parents-to-be initiated as a joint effort of the Family Resource Center (Tennessee Chapter, National Committee for Prevention of Child Abuse) and the Nashville General Hospital.

As a parent support program, Play Time provides information to parents on infant development and parenting styles/techniques; and provides a place for parents to share ideas, feelings and concerns about their children and their role as parents. In May, 1982 Play Time began serving young parents who had delivered at Nashville's General Hospital. General is a publicly supported hospital which provides childbirth services to about 1,600 low income families annually with the median age of mothers being 17. In addition to being a young group of parents, many have few support systems to assist them in dealing with the demands of parenthood. Unless and until young mothers come to the attention of the system for abuse or neglect, there were no original services to assist them. Because of this need Play Time was developed to promote parent-child relationships, to provide information and support, and to prevent and reduce problems in an acknowledged high risk population.

HOW DOES PLAY TIME DO THIS? First, Play Time provides a place where parents can share feelings and ideas, where they can support each other, and where parent and babies can enjoy each other.

Walk into the sundrenched room of General Hospital's MIC building on Thursdays between 11:00 a.m. and noon and you will find mothers with babies at breast, mothers sitting on mats as babies coo and gurgle, mothers watching babies pick up empty thread spools and dump them into discarded Cool Whip containers. You will see one mother show another a trick or two about diapering, or breastfeeding, or getting baby clothes and toys at garage sales. You will see oatmeal boxes converted to pull toys, and aluminum tins used as mobiles. It is a fun time where parents get together to give, to take, to talk, to listen, to compare notes, to brag about their baby's accomplishments, and to support each other in the unknown territory of parenting.

Secondly, Play Time provides information. A Parent Educator with the help of volunteers from the Family Resource Center shows films, gives written and verbal facts and elicits ideas from participants. Babies, as active participants in the group, provide many opportunities for leaders to demonstrate positive face-to-face interactions between parent and infant, techniques for soothing infants, safe and comfortable ways of holding babies, methods for stimulating intellectual, social, physical and language development, and discipline management techniques.

Each week a toy appropriate for the developmental need of infants is given as a door prize; issues such as why the toy is appropriate, what makes it safe and how it can be used by the parents are discussed. Often, similar homemade toys are demonstrated.

Parents are referred to Play Time by the medical staff at General, and by public and private community agencies. Parents also "refer themselves" as a result of community contact by staff about the programs. There are no fees or formal registration, giving the group an open relaxed atmosphere. To support and encourage participants, moms are given a friendly phone call or receive a post card reminding

them of the group. As the group has developed, moms increasingly call staff and volunteers and each other to chat and provide an ongoing network of support during the week.

Within a few weeks after Play Time's inception, a group of 8 to 10 moms, moms-to-be, an occasional grandmother, father or friend, along with babies and often an extra toddler were attending regularly. In September, 1982 a second group began in cooperation with a new community prenatal clinic being started in a neighborhood church. Although not having the immediate access to large numbers of moms-to-be and new parents, the group has gradually begun to take hold to meet the need.

The success of this program can be seen in the enthusiasm of the participants to share their ideas and support each other. Young mothers are helping other young mothers to be effective parents. Babies are being cared for with gentleness, with new knowledge and with confidence. It is a program that helps prevent future problems and promotes a healthy, joyful parent-child experience today.

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PROJECT ANY BABY CAN (ABC)

WHAT IS PROJECT ABC? Project Any Baby Can is a model clearinghouse of services for handicapped and developmentally delayed children from birth to three years of age in the San Antonio area. This unique centralized information and referral network brings together existing programs for infants and young children to insure that this special population of children who are at high-risk for abuse and neglect are identified and provided optimal services at the earliest possible age. Project ABC provides the most current referral information to parents, medical professionals, educators, and all individuals interested in services for the young handicapped child.

In addition, Project ABC disseminates early intervention information; has created a coalition of parents, service providers, and representatives from other interested organizations and agencies; and has established a help-line to call for information and referrals. Over 40 agencies are working cooperatively to insure the program's success.

HOW WAS IT INITIATED? The Need is Evidenced...The San Antonio Coalition for Children, Youth and Families which is the San Antonio Chapter of the National Committee for Prevention of Child Abuse, was aware of vacancies existent in many early intervention programs, while physicians at major hospitals had scant information regarding where to obtain services for children. Parent interviews revealed the difficulty in locating day care centers to serve handicapped children, early intervention services and parents support groups. Although several telephone information lines were in operation in San Antonio, there was no data bank of information to draw upon.

The Concept Crystallized...Eighteen months of discussion, analysis of need, and outreach to community organizations prefaced the grant. Parents, professionals and providers agencies were involved and felt "ownership" of the networking effort. The grant was literally written by various members of the Coalition's Parenting Education Taskforce.

The Project Funded...Funding from the Texas Developmental Disabilities Program was received by the Coalition on June 1, 1982. The $158,000 first year innovative grant is renewable at reduced funding levels, for a three year period. Shortly after this award, the Hogg Foundation and the City of San Antonio provided additional funding. The Project is physically located in the Santa Rosa Children's Hospital.

The Opportunities Ahead...Project staff are busy referring babies, and developing 6,000 presentation packets for community distribution to churches, day care centers, physicians, etc. A synchronized slide-tape show, bus signs, door-to-door outreach by the Campfire girls and enclosures in department store and utility bills will all be underway in the coming months. A forty member advisory board, a committee on day care concerns and a statewide conference with nine collaborating agencies has been established.

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PARENTS IN PRISON PROGRAM - TENNESSEE STATE PENITENTIARY

Recent cases of severe child abuse, some resulting in death, prompted two Tennessee State Penitentiary inmates to initiate action which developed into an institutional program entitled "Parents In Prison."

Various organizations have attempted to deal with the many problems of inmates. Perhaps never in the history of penology has the problem been addressed of inmate parents who try to maintain a meaningful and constructive relationship with their children. A meaningful relationship allows an inmate parent to better cope with returning to a family situation after years of incarceration. The "Parents in Prison" Program addresses these important issues.

In May, 1981, inmates Myer Pettyjohn and Roger Johnson wrote to the Hank Snow Foundation for the Prevention of Child Abuse stating the concerns of some 350 inmates who signed a petition in support of pledges to this Foundation and the development of educational courses in effective parenting. These inmates then submitted a program proposal to Warden J. H. Rose. Warden Rose and the Hank Snow Foundation responded favorably.

On June 5, 1981, inmates Pettyjohn and Johnson met with representatives of the Foundation and the prison administration to determine how this program could be developed. Mrs. Patricia Lockett, Program Administrator of the Foundation's Family Resource Center, stated the Center could develop a curriculum and train volunteers to conduct educational classes to enhance parenting skills and attitudes. It could also conduct workshops for inmate parents nearing their release dates on how to deal with stress in order to prepare them for returning to a family situation. The courses are not limited to parents but include all concerned individuals.

A planning meeting, which included the inmate population, was held in September, 1981. Mrs. Lockett reviewed the Center's proposal to develop educational activities relevant to the prison population. A Central Coordinating Committee, consisting of 11 inmates, was formed. This committee, assisted by prison administration staff, Foundation staff, and volunteers, meets weekly to develop and coordinate monthly events, to review and revise course content, and to develop a library of resource materials.

The first monthly event, "What is Child Abuse: An Overview", was held on September 29, 1981. Representatives from the Tennessee Department of Human Services, Nashville Metro General Hospital and Nashville Legal Services, discussed the roles they play relative to child abuse cases.

Subsequently, a resource material material display was set up in the prison library consisting of free articles/pamphlets pertaining to child abuse and books on parenting that can be checked out through the librarian. This resource material was requested by members of the committee from different local and out of state organizations, committees and centers.

The central coordinating committee reviewed and revised the course content material provided by Family Resource Center on "Understanding Your Child." A decision was made to present a mini-course in three sessions to the prison population. A session on Communications Skills, a second on Child Development and Community Resources and a third on Discipline and Management were presented.

In December, 1981, a special project was initiated by the committee to distribute material on child abuse prevention and parenting skills to the residents on check-in status who were unable to attend the activities of the program. In addition, the residents were given the opportunity to enroll in a home study course on parenting. Since this time, 35 residents on check-in status have successfully completed one or more home study courses.

In January, 1982, a home study course entitled "Children: One To Ten" was initiated. This ten lesson course was developed by Associate Professor Marion Mariner of the University of Tennessee Institute of Agriculture, Knoxville, and is administered by Steve Kempler, Administrative Coordinator of the Parents In Prison program. This educational program is about the development, understanding, and training of children one to ten years old. The lessons in rearing children discuss such topics as toddlers, children's behavior, communication, discipline, and family goals, values and plans.

The lessons are sent to the residents by messenger mail. They, in turn, return a completed evaluation for each lesson to Mr. Kempler, who checks the evaluation for accuracy. When all ten evaluations have been returned successfully completed, Steve Kempler sends these to U.T. Knoxville and requests certificates. The certificate is presented to the resident during a monthly event program or sent to him through messenger mail. A copy of the certificate is placed in the resident's institutional file and is considered, along with any other achievement, when he goes before the boards or committee that have to do with improving his incarceration or his eventual release. As of this writing, 100 residents have successfully completed this course.

On February 16, 1982, Dr. James G. Hughes, Director of Center for Children in Crisis, Le Bonheur Children's Medical Center, Memphis presented a program on child abuse and neglect. Dr. Hughes discussed the history of child abuse, type of parent who abuses children, and stress and crises that contribute to child abuse. This constituted the fourth special event program for the inmate population.

In April, 1982, the central coordinating committee decided to present (as monthly special events) a mini-couse on "Understanding Yourself", to the prison population. It was felt that it is important to understand yourself in order to understand your child. The first session on Self-Concept was presented by Mrs. Pat Lockett on May 11, 1982. Thus began a series consisting of:

Transactional Analysis by Ms. Jackie Posey on June 22, 1982
Stress Management by Chaplain Dave Phillipy on July 20, 1982
Follow-Up Workshop on Transactional Analysis on August 31, 1982
Self-Defeating Behavior by Counselor Steven Kempler on October 12, 1982
Assertiveness by Chaplain Phillipy on November 16, 1982

In April, 1982, the central coordinating committee in conjunction with Mrs. Pat Lockett decided to begin a classroom structured course on "Understanding Your Child." The course was developed by Family Resource Center and is presently being offered to interested parents in the community. This on-going course, 9 weeks in length, consists of Communication Skills, Discipline and Management, Helping your Child to Learn, Talking to your Child about Sex, Other Influences on your Child, and Re-entry of Residents to Family Situations. Mrs. Lockett instructed the first class which began on June 14, 1982 (6:00 - 8:00pm) and was completed on August 16, 1982. Eight residents received certificates of completion for this course. A Second class began on October 4, 1982, taught by Mrs. Lockett.

In May, 1982, a second home study course entitled "Raising an Emotionally Mature Child" was initiated. This seven lesson course was developed by Louise Cunningham from the Parent Book by Harold Bessell, PhD and Thomas P. Kelley. This course is about feelings, the parent's and the child's, and how they affect the role and effectiveness of a parent. It's aim is two-fold: to help create and maintain a loving relationship with children and to foster their emotional maturity. The lessons cover such topics as Awareness, Relating, Competence, and Integrity. As of this writing, 52 residents have successfully completed this course, and received certificates of achievement.

In September, 1982 Unit VI (Death Row) residents were invited to participate in the home study courses. As of this writing, 6 Unit VI residents have completed one or more study courses.

On October 26, 1982, a third home study course entitled "Teenagers Today" was initiated. This ten lesson course was developed by the Family Life Division of the University of Tennessee Institute of Agriculture, Knoxville. Presently, 30 residents are enrolled in this course.

Comments from participants in the "Parents in Prison" Program have included the following:

" Most parents want a better way of life for their children; inmate parents are no exception. This program offers the opportunity to develop constructive parenting skills that can be passed on to our children."

"Already we are learning to communicate better with our children and if better communications were the only achievement of this program, it would certainly assist in alleviating a major obstacle."

"Being an incarcerated parent, I have long wondered about many questions concerning my child, such as what to tell my son when he asks why I am in prison and when will I be coming home. These questions and answers are being addressed in this program."

"Not insignificant is the recognition from the community, as well as that of the prison administration, that some inmates are parents who love and care about their children."

"We are contributing to and furthering the ideals of responsible community organizations dealing with the ever increasing problem of child abuse. It is everyone's business!"

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FACES:

A Self-Help Approach to Aid Formerly Abused Young Adults

FACES, an acronym for Formerly Abused Children Emerging in Society, is an ongoing support group for young adults who have come from abusive backgrounds. FACES is sponsored by Manchester Memorial Hospital in Manchester, Connecticut, with the support of Manchester Community College. Begun in 1979, it is the first group of its kind in the country.

Like Parents Anonymous, FACES serves as a positive, nurturing surrogate family. The group meets weekly and includes two volunteer cofacilitators. Its purpose is to help members deal with current personal issues and understand the present in relation to the past. Group members come with various backgrounds and are at different stages of dealing with their problems. They have one main connection: as children they were abused - sexually, physically or emotionally - and that abuse is affecting their lives in some way.

The experience of one member gives an example of how the group can help. Three years ago, Jane was 22 years old, living at home, unemployed, and involved in an unsatisfactory relationship with a boyfriend. She felt helpless and unable to control the direction of her life. Responding to a newspaper article, she started attending FACES meetings. She states: "The group has helped me deal with subjects like self-worth, guilt, depression and feelings about men. It has taken me about two years, but I now feel better about myself. I now have a good job, and I have moved out on my own."

Studies have revealed the severe impact of earlier abuse on later behavior. Ray E. Helfer's world-of-abnormal-rearing (W.A.R.) cycle, which explains the cyclical nature of child abuse, illustrates the need to deal with the consequences of maltreatment at each stage of the life course. With the increasing awareness of the effects of child abuse on emotional development, many programs have been developed to meet the needs of parents and children. One segment of the W.A.R. cycle that has often been overlooked, however, is the young adult who is in a state of transition between being the child abuse victim and the potential abuser or abused adult. This is the group with which FACES is most concerned.

Many formerly abused young people find that they have recurring problems resulting from the abuse, and they are often reluctant to become parents for fear of perpetuating the abuse cycle. In the words of one group member: "Child abuse is a cycle, and at times in my life I have found myself abusing the ones that I love- my brothers and sisters, my friends, and my pets. But the biggest problem that I have to overcome is self-abuse-sleeping my life away, feeding myself sick, and putting myself in bad situations."

A problem common to all FACES members, and probably to most young adults from abusive backgrounds, is a feeling of isolation-of not being believed, of not being understood, of feeling different from everyone else. A member states: "When I was eight, I tried to tell my best friend what my father was doing to me. She didn't believe me, and I have never tried to tell anyone again, until now." New participants find that their feeling of isolation is eased as other members share some of their own backgrounds with the group.

Another problem common to the group is an ability to trust. These young adults feel that they were never able to trust their parents to meet their needs. In one theory of personality development Erik Erikson emphasizes the basic developmental crisis of trust versus mistrust by saying, "The general state of trust... implies not only that one has learned to rely on the sameness and continuity of the outer providers, but also that one may trust oneself." When a child learns that others cannot be relied on for help, he or she learns not to reach out. This lack of trust, carried over into young adulthood, is seen in the inability of group members to form lasting friendships and male-female relationships. A primary function of the FACES cofacilitators is to serve as a surrogate family and to be the honest and dependable parents these group members lacked.

Low self-esteem is a third problem the group members share. Having been abused by one or both parents, they feel unloved and unlovable. This negative self-image often affects their ability to finish school, get a job, gain independence, and form lasting relationships. In a search for love, they spend most of their time, and energy striving to please others while their own needs go unmet. Self-image for those with low self-esteem is a mirroring of the opinions of others. For those who have grown up with negative mirrors, the group provides a positive image that enables members to become more realistic about themselves and their abilities.

FACES members are at various stages in working through the problems that have resulted from abuse. For some, the greatest need is to deal with daily crises, while others are ready to concentrate on the more abstract issues of isolation, trust and self-esteem. Consequently, at some meetings the concern is with immediate crises; at others group members or guest speakers address specific issues - anger, sexuality, assertiveness, guilt, depression - through the group techniques such as role playing, literature interpretation, or fantasy. The focus of the meetings is on the present rather than on the past. By recognizing that current problems are rooted in the past, members are better able to deal with old feelings and fears.

Anonymity and confidentiality of group attendance are essential. It is important not to further the alienation between members and their parents or to reinforce the rage that these young adults often feel toward the parent who was unable to meet their needs. "Their rage isn't hurting their parents but is crippling them." FACES strives to help members accept their parents as they are and to help them find a successful plane on which they and their parents can interact.

Many young adults do not know that they were abused. They have internalized the negative attitudes directed toward them and believe that they deserved any negative treatment they received. One result has been a problem in recruitment for the FACES program. The group has, however, successfully attracted members who might not label themselves as abused by using publicity that focuses on descriptions of abuse victims rather than on abuse itself.

An additional recruitment problem is how to attract men into the group. Since a major function of FACES is to help young adults establish positive, mutually rewarding relationships, a mixed group would seem to be preferable. For the past three years, however, the group has been composed solely of women. Most of these young women were abused by their fathers or stepfathers, and abuse to them is a sexual issue, creating difficulty in male-female relationships. Because of this the members have been satisfied to remain a women's group. Another hindrance in attracting male members is that in our society it is still difficult for men to talk about their feelings or to admit that they were abused.

The support of Manchester Memorial Hospital, the Hospital Auxiliary, and the Manchester Community College has been critical in the development of the FACES group. The hospital's commitment to child abuse prevention provides a natural link with other prevention programs sponsored by the hospital and its auxiliary, including parenting classes, the local chapter of Parents Anonymous, and a nationally known parent-infant bonding program. The hospital furnishes a coordinator for the program, access to clinical supervision, and public relations support. The auxiliary recruits volunteers and provides funds to enable group leaders to participate in educational programs and to purchase needed materials.

Manchester Community College offers a pleasant, positive atmosphere for meetings in a living room setting. It also gives members access to information on campus programs that might interest and benefit them. In turn, meeting on campus makes the group visible to college-age individuals. The association of FACES with the hospital and the college generated instant credibility for the group and yields referrals from many community agencies and professionals.

Expense is a key issue for the young adults in the program. They have limited funds, and independence is a continuing struggle for them. FACES is free to participants. Members are encouraged to form car pools and offer rides to prospective members.

The cost of the program is negligible, because facilitators volunteer their time and most support comes from existing hospital services. Approximately 120 hours of combined staff support time has been given to FACES in the last year. Volunteer hours - consisting of weekly group meetings lasting 2 to 3 hours, planning, support, and public speaking outside the group, requiring a total of 8 hours a week - amount to about 416 volunteer hours a year.

The effectiveness of FACES must be viewed in terms of its ability to attract appropriate clients, the progress of individual clients while members of the group, and the ability of members to leave the group and function independently. For each of the FACES members there are, and may continue to be, unresolved issues. Nevertheless, by providing a safe atmosphere of nurturance and unconditional mutual acceptance, the group supports its members through current crises and enables them to develop the skills necessary to feel good about themselves, meet their own needs, and take charge of their own lives.

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OPENING DOORS FOR LATCHKEY CHILDREN

Meet the Bernardi family - John, Janet, and their children, Tommy and Tami. A most ordinary family: dad works, mom works, and the two children care for themselves after school. The Bernardis are the family portrayed in a film entitled "Lord of the Locks", and the scenes depict a typical day in their lives-or so they think.

The time is 3:30 in the afternoon. Tommy is at his friend Jerry's house because he lent his house key to a friend and forgot to retrieve it. Tami is at home watching television, forgetting the rule that says she is to do her homework first. Tommy's away, Tami's watching TV-and the back door is wide open, inviting prowlers. In other words, it's a typical afternoon in the life of a typical "latchkey family."

Typical? But what about those strange lights flitting from keyhole to telephone and back again? "Well it's me, of course-Oberon, Lord of Locks," announces the central character of the film. "Locks and keys and latchkeys and kids who use latchkeys-all of that's my domain, you know. And I'm getting busier all the time. Millions of kids, called latchkey children, take care of themselves at home while mom and dad are working, volunteering, or whatever." Noticing the situation in the Bernardi family, Lord of Locks decides to intervene, making the day anything but typical.

"Lord of the Locks", produced in 1982 by the Kansas Chapter of the National Committee for Prevention of Child Abuse, was created to help latchkey children and their parents improve self-care situations. As the Bernardis struggle to resolve the problems face in caring for themselves, they offer role models for real families dealing with the same issues.

Latchkey Children: Children at Risk

The trials of the beleagured family in the film are experienced by many families today. There is increasing evidence of physical and emotional harm encountered by children in latchkey situations. The risks for children left in self-care are undeniable. In one urban county 451 reports of suspected child abuse and neglect were made to Child Protection Services in a three-month period of the 1980 school year; of these, 212 involved unsupervised children as the primary or secondary concern.

Other problems have been reported as well. In one city, one of six calls to the fire department involved children in self-care. Unsupervised children are also more likely to be victims of accidents and sexual molestation. Emotionally, latchkey children often feel socially isolated and fearful of being alone.

And yet the numbers of latchkey children increase each year. A 1976 report from the Bureau of the Census indicates that as many as 2 million children of working parents are left to care for themselves. Current estimates project that the number today may be as great as 4 million. In most communities adequate day care resources are lacking. Even where there is adequate day care, many parents cannot or will not spend the money for these services.

Prevention through Drama

"Lord of the Locks" developed for upper elementary school children and their parents, is designed to prevent emotional harm to children who must care for themselves. The film emphasizes the seriousness of self-care, the importance of responsible actions by parent and child, and the need for family communications.

The latchkey lessons are taught by the Lord of the Locks, a small but kingly being who lives inside a keyhole. He practices the old-fashioned kind of magic-with fair dust, potions, and the like-and is an expert on locks, keys, and latch-key children. The Lord is accompanied by the Electric Elf, a sprite who is a wizard of electronics. These wee magicians are determined to solve some major problems of self-caring children and their worried parents. But with this particular family, their magic falls: the circuits overload, the Magic Communication Console blows up, and our poor family members find themselves adrift in separate family worlds. The only way the family can be reunited is through human, not electrical, communication.

In their efforts to communicate information and feelings about latchkey situations, the film family speaks to families coping with similar problems in the real world. It is not the intent of the film to encourage or sanction self-care by children. Instead, it attempts to improve those situations in which parents deem that self-care is an appropriate option.

Training for Self-Care

Although "Lord of the Locks" can very well be used independently, it was originally designed to supplement a self-care course for upper elementary children and their parents. Entitled "I'm in Charge", the course was recently piloted in six schools in Kansas.

"I'm in Charge", consists of five sessions-one for parents, three for children, and one for both parents and children. The first session focuses on improving a parent's ability to structure and monitor self-care situations. The next three instruct children in personal safety skills, emergency responses, and care of younger siblings. The fifth session assists parents and children in negotiating rules and procedures for self-care. Instructions for conducting the course and discussions of the concepts illustrated in the film are embodied in two publications-an instructor's manual and a parent's guidebook.

The "I'm in Charge" project was sponsored by the Johnson Coalition for Prevention of Child Abuse and the Johnson Mental Health Center. The film was produced by the NCPCA Kansas Chapter in association with United Telecommunications, Inc. and Bubbylonian Productions. Funding was supplied by United Telecommunications and the U.S. Department of Health and Human Services.

The script for "Lord of the Locks" was written by Gene Mackey in consultation with Helen Swan. Gene Mackey is the artistic director of Theatre for Young America, Inc., a professional children's theatre in Overland Park, Kansas. He is the author of "Bubbylonian Encounter."

"Lord of the Locks" is available on 16mm film and on videotape. For more information about the film, the parent's guidebook, and the "I'm in Charge" instructor's manual, contact January Scott, Kansas Chapter, NCPCA, 214 W. Sixth St., Suite 301, Topeka, KS 66603, (913) 354-7738.

PARENT LINKING PROJECT:
A Support Program for Single Teenage Parents

The New Jersey Chapter of the National Committee for Prevention of Child Abuse developed a demonstration parenting education project in 1980. The goal of the project is to enable the new parent to maximize his ability to positively influence the physical and emotional growth of the child. The supportive interventions are designed to help prevent child abuse and neglect. It is designed for an urban population primarily consisting of teenage minority single parents. It has been operational in three Newark sites: University Hospital, St. Ann's School, and Chestnut Street School.

The project includes personal contact by a professional health educator with each of the parents, dissemination of a monthly newsletter "Pierre the Pelican", and a trained volunteer to act as a supportive listener who is knowledgeable about child development and community social services. The newsletter, which has the American Medical Association endorsement and has been used statewide in eight states for many years, provides anticipatory guidance to new parents. The trained volunteer continues contact for up to one year post partum. The volunteer approach is based on research findings which support the value of trained laymen acting as positive role models to break patterns of isolation and child abuse.

To date the project has served 760 new families in the three project sites. Our volunteers represent a diverse cross section of the greater Newark area. The volunteers include local parents, day care workers, nursing students, Essex County Community College Students, foster parents, and La Leche League mothers. The New Jersey Chapter trains these volunteers in communication skills, child development patterns, and child abuse prevention strategies. Thirty volunteers have been involved to date and new volunteers are being recruited and trained on an ongoing basis. The benefits of this parent education project are evident for both the volunteers as well as the new parents.

The Chestnut Street School Project was selected for presentation at the 1982 International Congress on Child Abuse and Neglect in Paris France. In addition to the basic project components 250 pregnant adolescents attending this school have the benefit of a professional who conducts staff development training and runs student rap groups.

The preliminary evaluations seem to indicate the benefits of projects like the Parent Linking Project in the promotion of good parenting skills and the prevention of child abuse and neglect.

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BUBBYLONIAN ENCOUNTER:
A Drama to Prevent Sexual Child Abuse

A crowded theater of third-grade children anxiously awaits the arrival of Bub, a visitor from the planet Bubbylonia. Suddenly, Betty screams, "Archie, it's moving. That star is moving!" "I know, Betty." "It's going to land, Archie, that star is going to land," "Yes, I know. Look out!" And so Bub arrives on earth.

Bub is a lovable character in "Bubbylonian Encounter", a play dedicated to the prevention of sexual child abuse. The 30-minute production is designed especially for elementary school children, who constitute half of all sexual assault victims. The play begins with the arrival of Bub from the planet Bubbylonia, whose inhabitants are deprived of the sense of touch. "I can see velvet, spring rains, summer breezes, soft hands, and fuzzy kittens," she remarks, "but I can't feel them." With the aid of two new earth friends, Archie and Betty, Bub begins to discover the wonders and perils of touching. Her education begins with positive, nurturing touching and gently proceeds to an awareness of "people touching" that is not so good: the relative with bad breath who kisses and the aunt who pinches children's cheeks too hard.

Then Bub learns about "forced sexual" touching, the term used for sexual assault. In the following three scenes Bub becomes aware that forced sexual touching is harmful and can occur not only with a stranger but also with a friend or relative. In each scene the message is repeated that Bub should tell someone, more than one person if necessary (since sexual assault victims are frequently not believed). The play suggests persons Bub might tell to assist her in stopping the sexual assault.

Throughout the play Bub is a role model in her lack of knowledge about touch, her eagerness to learn, and her forthright, assertive manner in dealing with forced sexual touching. As Bub chooses to live on earth and enjoy the sense of touch, tempered with caution, she offers children an example to follow.

Why Teach Children?

Evidence indicates that children do not protect themselves when they are sexually approached. Young victims do not initially discriminate sexual abuse from other forms of touching. Even when children are knowledgeable, they often feel responsible for the abuse and are reluctant to seek help. Confusion for children is even greater when abuse is initiated by family members or relatives. Sexually abusive situations thus frequently continue over a number of years, resulting in serious physical and emotional damage to children.

Initial Findings

During the past year "Bubbylonian Encounter" has been reviewed and evaluated by professionals, parents, and children. Of 300 adults who reviewed the play and completed an evaluation form, most rated it as being excellent; they called the play "sensitive", "in good taste", "effective in the use of humor and audience participation," and "thoroughly delightful." Their written evaluations indicated that the play is a useful educational tool for school-age children in grades one through six.

A production of the play was also tested with 82 children in grades three through six to measure what they learned. The results demonstrated that:

- 99 per cent were able to distinguish forced sexual touching from other types of touching.
- 82 per cent knew how to respond appropriately if sexually assaulted.
- 87 per cent understood that family members could sexually abuse them.

Eight incest victims, some sexually abused for a number of years, also reviewed the play; all but one stated that they would have told someone of their abuse if they had seen the play as small children.

Background and Availability

"Bubbylonian Encounter" was written by Gene Mackey, artistic director of the Theatre for Young America, Inc., an equity children's theatre in Overland Park, Kansas, and was first performed in August 1980. Development of the play was stimulated by the work of Illusion Theatre of Minneapolis and by individuals and organizations that were pioneers in sexual child abuse prevention. Professional consultants are Helen Swan, M.S.W., director of the Johnson County (Kansas) Child Sexual Abuse Program and SuEllen Fried, Past-President of NCPCA. The production is a joint effort of Bubbylonian Productions, the NCPCA Kansas Chapter, and the Johnson County Mental Health Center.

"Bubbylonian Encounter" is presented in two mediums, a live production by the Theatre for Young America, Inc., and a videotape. The videotape was filmed by Combined Insurance Company of America in Chicago.

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EPIC:
Effective Parenting Information for Children

Five years ago Robert L. Wilson's wife, Linda, was murdered by a 15-year-old boy in her home near Buffalo, New York. Tragic, yes. But her death may result in fewer such tragedies. Wilson, a prominent local businesss man and humanitarian, has committed himself to that goal.

After his wife's death, Wilson explored the perplexing routes of his family's tragedy. To the extent that he could trace the boy's short life, he discovered that the youth was a victim of contemporary society; he had been both abused and neglected and had lived in 11 different foster homes. He was a child "lost in the system." In his wife's memory Wilson, along with a dedicated cross section of the community, established a program called EPIC - Effective Parenting Information for Children.

Now nearly two years old, EPIC is a pilot program aimed at ensuring that children do not grow up to be like that 15-year-old boy - a product of poor parenting who, as a result, lacked the skills necessary to beomce a responsible person. A $100,000 a year project, it is the first of its kind in the country and is being piloted in 50 public schools in Buffalo.

In essence EPIC is a system for reaching into the home, the school, and the community to prepare children to be responsible adults. It is a program of primary prevention- not only prevention of child abuse and neglect, but prevention of teenage pregnancies, juvenile crime, and drug and alcohol abuse. It is a program created out of frustration with crisis-oriented services that try to deal with problems after they have occurred.

The project involves the unification of three powerful institutions that affect the lives of children: home, school, and community. The premise of EPIC's work is that these three groups are mutually supportive and reinforcing, that parents or guardians and teachers, together, can help the child develop those interpersonal skills that encourage responsible personhood and parenting.

EPIC seeks to enable children to become the kind of adults that will make good parents, and it does so in a variety of ways. In the schools it takes the form of a sequential parenting skills curriculum, grades pre-K through 12, that is infused into mandated subjects throughout the instructional day. But it also takes the form of workshops that allow parents and guardians to come together to discuss their concerns and gather support. The program is based on the belief that preparation for parenthood begins in the earliest years of childhood, when children are busy developing attitudes and behaviors that, with maturity, become the skills, attributes, and attitudes requisite for successful and positive parenting.

The School

The pre-K through grade 6 curriculum provides teachers and students with a well-planned group of activities that can be used in all subject areas. The activities, based on identified concepts and skill competencies, help children explore, identify, and develop higher levels of effective skills. The curriculum covers three general categories: improvement of self-concept and self-esteem; development of responsible behavior through rules, rights, and responsibilities; and development of problem-solving, communication and decision-making skills. This phase of the curriculum is being implemented in 50 Buffalo elementary schools by 300 teachers who have

participated in the EPIC training course.

The curriculum for grades 7 through 12 is the final writing stage and will be ready for piloting and implementation in the fall of 1982. It addresses preparation for beginning a healthy family; understanding of potential prevention of birth defects; information on the need for good prenatal care, including recent findings regarding general nutrition, exercise, and the effects of drugs and alcohol on the fetus; child development; and family dynamics, which includes discussion and information on child abuse and neglect.

As presently envisioned, the materials for grades 10 through 12 will be of two types: (1) a program designed to implement parenting practicums that will pair young children in preschool and kindergarten settings with junior and senior students who will attend classes in parenting and practice their skills in a superivsed environment, and (2) an infusion model of informational topics that will be assigned to teachers of several disciplines. In this way students will be exposed to sections of the total information base at various times, in various settings, and with a number of instructors. In both models the information and program materials will be presented to all students, both male and female.

The entire EPIC curriculum is intended to seep slowly into children's minds, endowing them with self-esteem, the ability to make responsible decisions, and throughtfulness of others, as well as giving them the information needed to become responsible parents.

The Home

But that's just the program in the schools. There is also the home component. This takes the form pf parent workshops held both during the day and in the evenings at schools, churches, hospitals, and community centers and led by volunteer facilitators trained by EPIC. These workshops offer information about parenting concerns, an opportunity for parent-to-parent idea exchange, and a way to forge stronger links between the home, the school, and the community.

The workshops are also a social event, with child care provided, and a source of support for parents and guardians. It is stressed that participants are not at the workshops because they have problems and the facilitators have the answers; the EPIC philosophy encourages the presentation of a number of informational topics and the opportunity for participants to share and learn from each other. It is hoped that participants in the workshops will assist the program by reaching out to parents and guardians who may be isolated from this type of opportunity and drawing them into the workshops. Also, all community agencies, such as Child Protective Services, are notified of the parent workshops in advance so that they may use them for client referrals. School counselors and social workers also make referrals.

Since September 1981, 55 workshops have been implemented by 150 trained volunteers serving as facilitators. Topic areas include parenting sytles, communication, feelings, nurturing, behavior management, and coping. Titles of individual sessions vary from "Painting a Portrait-Fostering Self-Esteem" to "Love is a Powerful Vitamin." The volunteer facilitators are trained by expert consultants in four three-hour sessions in areas such as group dynamics and program content. A series of parent workshops consists of six weekly two-hour sessions.

Another aspect of the EPIC program is the child care component. At every parent workshop structured child care is offered by trained volunteers who are recruited

from local universities and colleges - primarily students majoring in early childhood education. These students work with 2-, 3-, and 4-year-olds, fostering the same types of skills that are stressed in the school curriculum.

The Community

A program as ambitious as EPIC does not happen without community support. A look at its board of directors testifies to that. On it are prominent representatives of local school systems and universities, and of business, religious, government, human service, and volunteer organizations. The staff consists of an executive director, a program coordinator, and an administrative secretary. The author of both the school and the home curriculum is Thelma Hayes, a curriculum specialist employed by the Buffalo Public Schools.

Financial support has come from both private and government sources, including the Margaret Wendt Foundation; Episcopal Diocese of Western New York; Junior League of Buffalo; March of Dimes-Buffalo Chapter; Division for Youth-City, County, and State; and New York State Department of Social Services-Child Welfare Development Funding. The Buffalo Public Schools, State University College of Buffalo have given innumerable in-kind services.

EPIC's ultimate goal is to create a home/school/community model that can be replicated in any community in the country. The entire "EPIC package", including a procedures manual, will be available for dissemination by the spring of 1983. The EPIC program is being evaluated continuously by teachers, facilitators, parents, and outside consultants. The results of its first year have been tabulated and are available to interested persons.

It is EPIC's belief that parenting education, if done well, can help to prepare young people for what may be the most demanding and rewarding job of their lives. The need for such education is unquestionable, and EPIC had addressed this need through involvement at home, in the schools, and in the community. Robert Wilson, who is ultimately responsible for EPIC's existence, takes pride in the program's accomplishments. Looking back on its first two years, he calls EPIC " a love story."

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TOP
Time Out For Parents

In April 1981 the Young Women's Christian Association (YWCA) of the Hartford Region, in Connecticut, initiated an innovative demonstration project for families in crisis aimed at the prevention of child abuse and neglect. Called Time Out for Parents (TOP), the program operates under the premise that incidents of abuse are more likely to occur during periods of heightened parental stress.

Why the YWCA?

Traditionally, the YWCA has been committed to addressing community concerns by serving women and those important in their lives. At a recent national convention, the organization adopted a resolution to work toward protecting all individuals from violence, particularly those who are most vulnerable. To carry out his mandate, the YWCA of the Hartford Region began a cooperative effort with traditional family service agencies to develop a comprehensive approach to the problem of child abuse and neglect in greater Hartford.

The TOP program emerged in answer to a need for emergency child care services caught in life crises. The nonthreatening, nonjudgmental atmosphere of the YWCA was viewed as ideal for facilitating use of this service by parents who might fear being stigmatized by a protection agency. With seed money from the Hartford Foundation for Public Giving, the program began a two-year testing period.

Program Operation

TOP is designed to aid parents who are under stress or experiencing a crisis in their lives. Its purpose is to prevent frustration from developing into a abusive pattern of family interaction. Parents who are eligible to use the service report such problems as divorce or separation, physical or mental illness, alcoholism, drug addiction, spouse abuse, marital discord, pregnancy, death of a family member, lack of extended family, unemployment, financial problems, or difficulty in handling a child's behavior. Since stress is often relative to coping ability, other factors perceived as stressful may also qualify a parent to use TOP.

The program serves families in a nine-town area, and transportation is made available. Licensed day care facilities and office space are rented from a church in Manchester. Parents are offered child care, with priority given to infants and toddlers; older children are accepted as space allows. Since each family's needs are different, the number of day care hours varies for each parent.

Separation from the child is only a temporary solution, however, and when parents are unable to execute their parenting role, TOP also offers needs assessment, support counseling, and referral to appropriate community resources. Counseling focuses on helping the parent to understand why the crisis occurred, setting goals that will enable the parent to better cope with the situation in the future, and strengthening parenting skills. A weekly support group and parenting classes are also offered.

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MELD:
Blending Information and Support for New Parents

MELD (Blending Information and Support for New Parents) is a two-year program that provides information and support for first-time parents. MELD began delivering services in 1975 to five groups of new parents in Minneapolis. Since then it has served more than 1,000 parents and volunteer facilitators. Currently the program is operating in 17 Twin Cities locations, as well as Milwaukee Wisconsin; Alburquerque, New Mexico; and two southern Minnesota sites: LeSueur and Blue Earth. Additionally, MELD is being installed this year in Duluth and Rochester, Minnesota; Corpus Christi, Texas; Sioux Falls, South Dakota; and East St. Louis and Rockford, Illinois.

The MELD program involves parents helping parents in a peer, self-help group format. The program's purpose is to provide the most useful information available to new parents, using the most supportive environment that can be created. Experienced parents volunteer to facilitate MELD groups. They receive extensive training and support during their two years of service.

The men and women who participate in MELD groups join when they are expecting their first child. The groups meet twice a month until the children are two years old. Meetings follow a carefully designed curriculum that focuses upon health, child development and guidance, family management, and parent development. In addition, both parents and facilitators receive a great deal of support from the caring network that grows among participants, facilitators, MELD staff members, and community resource people.

MELD has also developed a modification for adolescents. MELD's Young Moms (MYM) was developed for single teen mothers. The standard MELD curriculum and format have been adapted to address the special needs of MYM participants. MYM groups are underway in two Twin Cities locations. Replications have begun in Milwaukee, Wisconsin and Sioux Falls, South Dakota.

MELD's Philosophy

MELD believes that there is no one right way to parent. Rather, we encourage respect and appreciation for the uniqueness of each individual. We believe each person can make his or her own best choices.

By providing sound, timely information in a supportive environment, MELD enhances the ability of parents to make wise decisions. Our philosophy and practices lead us to be seen as an non-political, non-controversial organization. As a result, we receive support from a wide variety of people.

While it is hard for any primary prevention program to measure the difficulty, stress, and expense that did not occur, MELD parents speak in strong terms about the effect MELD groups have had on their lives. They mention:

- the phone calls they not make to the health care provider
- the involvement of men in the care of their children
- the deliverate planning they practice for their second pregnancy
- the comfort and confidence they gain from their peers
- the new growth they experience for themselves
- the increased closeness they experience with their partners.

Financial Support

MELD has developed its funding base without asking for federal support. Foundations and businesses that have supported us are: Lilly, Carnegie, Bush, Levi Strauss, Dayton Hudson, McKnight, St. Paul Companies, Northwest Area, Green Giant, Mardag, Daytons, Target, Cosgrove, Bremer, Ripley, Minneapolis and Northwestern National Bank. Parents pay a fee for service; scholarships are available.

And Now....

MELD has a bright future. We have developed a program for new parents that is effective and popular with both men and women. Our services are timely. Professionals and parents from throughout the United States and other countries inquire about becoming involved with us or learning from us. We will continue to pursue our original goal: to expand the program to serve more of the young parents who want MELD's help with the crucial task of childrearing.

About MELD Parent Groups

Who is in a MELD group? Men, women, couples, singles, all first-time parents. Ages range from late teens to thirties. Students and people working in all kinds of occupations and professions become members. These people share a commitment to grow as parents. Participants join groups during the women's pregnancies, and members of a group all deliver babies within approximately three months of each other.

Where do the groups meet? In churches, neighborhood centers, sometimes in homes.

When and how often are the meetings held? MELD groups usually meet on evening every two weeks, over a two-year time period. Meetings are grouped into four "phases," each designed to address the most pertinent needs of the developing child and family.

How does an evening go? Participants usually gather at 7 p.m. At the beginning of each session, parents talk informally, sharing how their week has gone and mentioning current concerns.

Parents choose the informational topics they want to cover each night. In the early months they might talk about selecting a pediatrician or identifying postpartum support among relatives and friends. A panel, film, or other learning device may be used to present information to the group. Parents also read specially designed materials, called parent parts, on every topic.

Are there any other benefits to belonging to a MELD group? Yes. MELD parents have access to a library of books on relevant subjects, along with an annotated bibliography for use in any library. Also, MELD publishes a parent newsletter containing community and MELD news. Additionally, major speakers are invited for ALL-MELD nights. MELD groups provide friendships and become supportive communities that may form baby-sitting co-ops, enjoy family outings together, and more. Each MELD group is unique in its development.

What are the costs? These vary from place to place. In setting the fee we consider our needs as a non-profit organization and our concern for the financial pressures many young parents experience. Scholarships are available.

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INTER-ACT:
Street Theatre for Parents

The basic premise of this project is the belief that many parents who would benefit the most from parent education are the ones least likely or able to take advantage of traditional services. These are "hard to reach" parents - those who are isolated, unaware of resources, lacking in motivation, denying of problems, or simply unable to afford child care or arrange transportation to attend classes. One important challenge of parent education is to reach this population with information which is helpful to them in a manner they can accept readily.

"Inter-Act: Street Theatre for Parents" is a project designed to take information directly to people wherever they are found in the normal course of their lives. The method is street theatre, a troupe of performers who dramatize material in a lively innovative way for audiences who gather spontaneously in public places. Topic areas covered in presentations include stress management, defusing anger, realistic role expectations for family members, support systems, etc. Inter-Act can and has been presented in shopping centers, grocery stores, on military bases, in low income neighborhoods, in cafeterias, waiting room, laundromats - wherever there are parents. A coordinator accompanys the group to help facilitate audience interaction with the group, and serves as a resource and referral person on the spot. Handouts reiterate main points, as well as list helpful numbers and books.

Inter-Act was evaluated by NCPCA through the "Collaborative Research of Community and Minority Group Action to Prevent Child and Neglect" project. Detailed findings are available from Ellen Gray at NCPCA.

Scripts are available that can easily be performed by people in other communities. Inter-Act's copyrighted scripts are as follows:

- Hall of Infamy
- The Three Bears
- Let's Play House
- The Princess and the Worry Jar
- The Tale of Two Parents
- Tug O'War/Rope Trick
- Turn Around
- How Come I Hate Me/I Think You're Great
- Snow White and the Seven Dwarfs
- Solve That Problem

Video tapes have been made of presentations to be utilized on a broader basis, such as in waiting areas of public assistance offices, or in parenting classes. The tapes are 47 minutes long and are performed by professional actors. They are available in 1/2 or 3/4 inch videocassette.

For further information contact: Inter-Act at The Center for Child Abuse Prevention Services
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AMACU
Adults Molested As Children United
(A self-help approach for the former victims of incest)

I am a woman who was molested as a child by my own father. I was only 10 years old when it began, and I didn't have the words to tell my mother what was happening. Later, when I knew enough to say that my father was "doing funny things" to me, she became upset and angry. Thinking that her feelings were aimed at me, I didn't speak of it again. The molestation continued for five and a half years. During that time my father also molested my younger sister and another woman. The molestations were never reported, but my mother eventually left my father and I was "safe" at last.

In my early teens during the upheaval of my parents' separation and divorce, I developed severe nervous conditions and was eventually hospitalized for chronic hyperventilation. My mother told the resident psychiatrist about the molestation. He asked to see me, convinced that it was the root of my problems and that I needed to talk about it. When I wouldn't open up - to a man who looked and talked a lot like my father - he told me to stop thinking about the molestation, never to discuss it with anyone, and to go on with my young life. He instructed my mother that no one in the family was to talk about it or listen if I tried to discuss it. He said I would gradually forget.

I did go on with my life, but I never forgot. I finished high school as quickly as possible. Within a few months after graduation, I got married. I really wanted love more than anything in the world, and I thought marriage would provide it. The man I married abused me, physically and emotionally, until one day I found the courage to leave. I decided that I had the right to a better life.

I didn't date for almost two years after my separation. I simpley could not trust men. A few months after I finally started dating, I was raped on a date. I remembered the advice of the psychiatrist and decided to suppress my feelings about the rape also. My self-enforced silence "worked" for a while, and I was able to hide my feelings from the world and from myself. Then, on the anniversary of the rape, I received an obscene phone call. My walls of silence came tumbling down. I began to cry uncontrollably. I called the Rape Crisis Center, and they referred me to Parents United.

Parents United, an extension of the Institute for the Community as Extended Family (ICEF), is a self-help program that treats victims and families of child sexual abuse. Parents United originated in 1971, cofounded and directed by Dr. Henry Giarretto. The program offers individual and group counseling to adults molested as children (AMAC's), as well as to molested children and their families. I was invited to participate in the self-help group called "Women Molested as Children."

It was what I had been looking for for 18 years! I had spent those years trying desperately to forget that I had been molested as a child, trying to stop feeling somehow "different" from my peers. For 18 years I had felt betrayed, guilty, angry, frustrated and totally alone. At last I was encouraged to face the feelings I had carried inside me for so long, and I was able to find release for the desire to talk and talk and talk about what had happened. I had found people who knew what I was talking about! They were real people-people from a wide spectrum

of social and financial backgrounds, people who laughed and cried and walked and talked just as I did. I felt I had come home at last.

A year and a half after this beginning, Henry Giaretto invited me to work as a staff member. As I was learning my new responsibilities, Chris, a woman who had been molested as a child and who belonged to another chapter of Parents United, Inc., approached the Board of Directors of Parents United, Inc. and requested national recognition for adults who had been molested as children. She asked that the group be called Adults Molested as Children United (AMACU) and that it be recognized as a coequal component with Parents United and with Sons and Daughters United, a program that treats molested children. The proposal was accepted, and Chris and I began to think of ways in which AMACU could support both adults and children who had been molested.

At our first official business meeting, several members of AMACU decided to have a fund raiser, the Children Helping Children Bowl-a-Thon. The need to organize our first official activity led to the formation of a task force, a regularly scheduled business meeting, and a sponsorship committee. The efforts of 10 hardworking volunteers produced the largest single fund raiser in the history of Parents United, with pledges totaling $6,500.

The original task force has grown to 14 members, each donating an equal amount of time to AMACU activities and to Parents United functions. By cooperating, caring for each other, and working together toward a common goal, the members have helped the organization grow tremendously, prompting Anna Giaretto - a co-founder of Parents United, and the National AMACU advisor-to exclaim, "It's phenomenal!" I fell that only by working together as an extended family has the group been able to accomplish that "phenomenal" job.

Since February 1982, AMACU has produced a 42-minute videotape presentation called "Daddy, Don't" as well as a pocket-sized book called "AMACU, Growing Together", which has just been released. Two more therapy groups have been organized in the Santa Clara County chapter, and there are plans for an additional two groups, "Mixed Adults Molested As Children," for both men and women and "Partners of AMAC's", for spouses and other people who have close and caring relationships with adults who have been molested as children.

Currently, about 50 members of the Santa Clara County chapter of Parents United are also active members of AMACU. Of those 50, only one is a male. The reason for calling the group "Adults Molested As Children United" was to provide a place where men as well as women can feel safe to come forward and say, "I was sexually molested as a child, and I want help." Men often find it difficult to admit having been molested; however, of those who have been, many in turn have also molested their own children. It is my belief that until these male offenders receive treatment both for their acts of molestation and for their own sexual abuse as children, the sexual abuse treatment program is incomplete. In May 1982, the AMACU task force gained its first male member. I am tremendously excited about this involvement, because now the program is truly for all adults molested as children.

Aside from the personal benefits I have received from treatment through AMACU, I act as a role model for children coming into the program. I recently began to cofacilitate a group of Sons and Daughters United. By sharing my experiences with the children, I can show them that they don't have to do to themselves what

I did to myself, that there is help available to them.

According to recent studies of sexually abusive parents, many had themselves been molested as children. My father was abused as a child, and I think he would not have molested me if he had received help in dealing with his own molestation. The treatment of adults molested as children is also hleping to prevent future child sexual abuse. AMACU is that ounce of prevention that can prevent the need for "pounds and pounds" of cure.

By working with Parents United, adults molested as children can show parents of sexually abused children the long-term effects of untreated child sexual abuse. This revelation has a great impact on the treatment of offenders and on non-abusive adult relatives of sexually abused children. And hearing a parent say "I'm sorry for what I did to my child. I am truly and completely responsible for molesting my child. My daughter (or son) was just a child and did not molest me-I molested her (or him)," has brought more healing to the molested individual than any other aspect of treatment.

Adults Molested As Children United bonds parents and children of sexually abusive families, and it plays a necessary and important tole in the treatment and prevention of child sexual abuse. - Nikita Masters

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CARING CONNECTION:
A program to support first-time parents

In November 1980 the National Committee for Prevention of Child Abuse (NCPCA) and St. Luke's Hospital of Racine, Wisconsin, began a perinatal attachment demonstration project for teenage first-time parents called Caring Connection. The Johnson's Wax Fund, Inc., provided $32,000 for the project, which is designed to demonstrate how prenatal preparation and support affect the birth experience of the parents and their attitudes toward rearing a child. The demonstration period ended in November, 1981, and the results of the formal evaluation of the project are available.

The project was totally staffed by volunteers, with only one paid staff member, Susan Wadhwani, project director. Wadhwani recruited volunteers through a local community action volunteer placement service, a radio announcements, and news releases distributed to local media, churches, and community groups. After screening and training Caring Connection had 20 female volunteer perinatal coaches. In selecting the coaches, Wadhwani looked for positive parenting experiences, emotional stability, responsibility, flexibility, tolerance, and familiarity with normal childhood development. Because the coaches would be working with teenagers, their ability to related to married and unmarried expectant teen mothers, as well as to fathers, was crucial.

The volunteers selected were evaluated throughout and at the end of the training by Wadwhani and by hospital and community consultants. The training consisted of two sessions a week for six weeks and covered adolescent, pregnant teen, and expectant father profiles; bonding and interaction skills; early childhood growth and development; communication of parent with infant and of coach with parent; working with the participant's family; child abuse; agency referral; and St. Luke's policies and procedures.

Brochures introducing Caring Connection were given to potential participants by cooperating St. Luke's obstericians, who referred interested patients six weeks before their expected delivery date. After an introductory telephone call, Wadwhani and a volunteer coach visited the patient at home to explain the services offered.

Services began with two visits by the perinatal coach during the participant's last month of pregnancy to talk over any concerns the mother, and in some cases, the father, might have. The next visit was made during the mother's hospital stay, when the baby was present, to demonstrate the capabilities of the newborn. The coach made weekly visits to the home for the first six weeks and then made visits every other week for the next six . The objective during this time was to provide personal support to the parents and to demonstrate specific interacting and nurturing skills, including eye contact, holding, comforting, feeding, talking and understanding a baby's individuality.

The hospital's Pediatric Committee members saw definite changes in the attitudes of the mothers. For example, most of the teenagers entering the program were passive, but their involvement with the volunteers, who openly showed their feelings of concern and affection for the young mothers and assured them that it was "okay to ask questions," quickly changed their attitudes. These same women

not only began asking questions of the volunteers but also asked their pediatricians very good questions about their bodies, their babies and other concerns.

The hospital decided to support Caring Connection for a second year, setting aside $25,000 from a special hospital fund and from income generated by the St. Luke's Hospital Auxiliary.

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PERINATAL POSITIVE PARENTING

The demonstration project, "The Perinatal Positive Parenting Program," was developed by an interdisciplinary team at Michigan State University. The program was implemented in the state of Michigan as a cooperative effort with Family Focus, an established volunteer agency located in Birmingham, Michigan.

A primary prevention project, this perinatal support effort is designed to aid new parents through a postpartum hospital room and home follow system of information delivery. The program involves volunteers. This program is an attempt to mitigate very early the multiple forces which can impinge negatively on developing paren-child transactions, and which, when compounded and reinforced in given situations, may lead to child abuse and/or neglect.

The objectives of the program are to provide new parents with the following benefits:

1) a volunteer who supports them in their new role and the developing parent-child relationship
2) information on infant development
3) modeling of caretaking skills
4) information on the changes to expect in their marital relationships
5) information about, and how to access, existing community support systems
6) information on activities, toys, materials, and books appropriate and relevant for newborns
7) a parent support group

Goals

The goals of the program "The Perinatal Positve Parenting Program" are:

1) To develop and implement a volunteer-based innovative hospital and home follow-up perinatal primary prevention program aimed at combating the multiple forces which can impinge negatively on the developing parent-child transaction of new families.
2) To demonstrate that such an innovative program of primary prevention can be incorporated with existing community services to meet the needs of new parents before any factor or combination of factors leads to spiraling dysfunctional parent-child interactions, with increasing chances of child abuse or neglect.
3) To demonstrate that a well-conceived and prescribed program of primary prevention can meet the needs of diverse populations of new parents and offer the potential for replication by other communities willing to emulate such a model.

"The Perinatal Positive Parenting Program" was evaluated by NCPCA through the Collaborative Research of Community and Minority Group Action to Prevent Child Abuse and Neglect program, and was found to have a significant effect on reducing unrealistic parental expectations of children, a known correlate of child abuse.

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NURTURING PROGRAM FOR PARENTS AND CHILDREN

Introduction

In April 1981, the National Institute of Mental Health (NIMH) in Rockville, Maryland funded a two-year project designed to measure the impact of dysfunctional parenting practices upon the growth of children. The goal of the study was to develop and validate a parenting and nurturing program for parents and their children who have experienced abusive and neglecting parenting interactions. Dr. Stephen Bavolek at the University of Wisconsin-Eau Claire, a board member of the Wisconsin Committee for the Prevention & Treatment of Child Abuse, and Ms. Christine Comstock of Cleveland, Ohio serve as co-project directors. The program has been developed and field tested with parents and children in six different cities: Chicago, Cleveland, Eau Claire, Minneapolis, Pittsburgh, and South Bend.

Development of the Nurturing Program

The Nurturing Program is developed from years of extensive clinical and empirical research by the authors in identifying and validating the parenting and nurturing needs of families exhibiting interaction difficulties. Four distinct patterns of inappropriate parenting have been identified that contribute to interaction difficulties among parents and their children:

- Inappropriate developmental expectations of children.
- Lack of an empathic understanding of children's needs.
- Belief in the use of corporal punishment as the means of punishing and disciplining children.
- Reversing parent and child family roles.

When expressed over a period of time, these parenting behaviors can lead to a negative self-concept, lowered self-esteem, increased frustration, lack of communication, and role confusion among family members.

Program Rationale and Format

A family is a system. Members of a family play an important role in keeping the system operating. To change family interaction patterns, all members of the system should be involved. This is particularly true for families who experience interaction difficulties.

The Nurturing Program is designed for parents and their children to meet for 2½ hours, one day a week for 15 consecutive weeks. With the exception of a 20 minute shared snack time activity, both parents and children are involved in separate programs meeting concurrently.

The parent's program and the children's program are conducted by professionals/paraprofessionals. Families participating in the program are asked to make the commitment to attend the program for the entire 15 weeks. Entire family units (mother, father, children) are requested to make such a commitment. Single parents are requested to bring their boyfriend/girlfriends with them to participate in the program. Weekly sessions are presented with specific goals, objectives, and procedures for carrying out program activities. Filmstrips and audio-cassettes have been developed and are used to teach parents new skills in behavior management. Children work together and in groups (2-4 years; 5-8 years; 9-12 years) in learning new skills. Separate training manuals have been developed to conduct both the parent's program and the children's program.

Goals of the Nurturing Program

The Nurturing Program is designed to modify inappropriate parenting patterns among family members and to remediate the negative effects dysfunctional parenting has upon the growth and development of parents and children. Built around the four patterns of inappropriate parenting, program goals, objectives, and activities involve parents and their children on two levels of learning: cognitive--to learn new knowledge and skills; affective--to experience positive healthy human interactions.

Program Goals for Parents:

A. Developmental Expectations

Cognitive Goal: Parents will increase their knowledge of age appropriate developmental capabilities and needs of children.

Affective Goal: Parents will increase their awareness of the negative impact inappropriate expectations have upon self-concept.

B. Empathy

Cognitive Goal: Parents will increase their ability to communicate their needs.

Affective Goal: Parents will demonstrate an ability to become empathically aware of the needs of children.

C. Behavior Management

Cognitive Goal: Parents will increase their knowledge of appropriate methods of behavior management.

Affective Goal: Parents will value the use of appropriate methods of behavior management.

D. Self-Awareness (Role Reversal)

Cognitive Goal: Parents will increase their knowledge of their needs.

Affective Goal: Parents will accept their own strengths and limitations.

Validation of the Nurturing Program

The 15 week program was field tested twice at each site. Preliminary data analyses show that a total of 121 parents and 140 children began the program. Of this total, 101 parents (80%) and 118 children (84%) completed the program. Extensive pre-post data collection occurred with parents and their children. Although parents were allowed to bring their children two to twelve years to attend the program, only children six to twelve years of age were tested. Parents were administered the 16 PF (personality inventory), Family Environment Scale, the Adult-Adolescent Parenting Inventory (AAPI), Nurturing Quiz, and a social-history questionnaire. Children were administered the CPQ or ESPQ (personality inventory), Children's Parenting Inventory (CPA), informal self-concept scale, and Family Environment Scale. Extensive data analyses are currently in progress. Preliminary pre-post test analyses on parent measures show the following gains:

1. Parent's post test scores on the AAPI were significantly greater ($p < .05$) in all four constructs measuring appropriate expectations of children, increase in empathy, decrease in use of corporal punishment, decrease in role reversal. These data indicate a positive and significant shift in attitudes and behaviors in parenting and nurturing children among the parents.

2. As measured by the 16 PF (personality inventory), parents overall show average intelligence, higher than average aggression, lower than average conservatism, undisciplined self-conflict, and disregard for rules. Pre-post test data show significant changes in decrease of anxiety ($p < .05$) and decrease in touch poise ($p < .05$).

3. Data generated from the administration of the Family Environment Scale to parents show significant ($p < .05$) increases in family cohesion, conflict, expressiveness and independence.

Preliminary pre-post test analyses on children measures show the following results:

1. Children's scores on the Children's Parenting Inventory show increases in self-concept (sig $p < .05$), empathy, and use of alternative methods of punishment rather than corporal punishment. Responses indicate a significant ($p < .05$) decrease in role reversal.

2. Personality changes measured by the ESPQ and CPQ show significant increases ($p < .05$) in assertiveness, and organization, and decreases in family conflict and independence. However, none of the changes were significant.

Current project activities involve conducting home observations, interviews and additional post test data on all families who participated in either field test 1 (fall 1981) or field test 2 (spring 1982) of the program. Very preliminary results of the home observations show maintenance of desired parenting skills and a reduction of involvement with Parents Anonymous and county departments of social services.

The following materials are included in the Nurturing Program:

- Program Implementation Manual - An instructional guide which includes a description of specific training techniques, week-by-week rationale of program activities, transcripts of media programs, and strategies for implementing and conducting the program.
- Parent Trainers Manual - The curriculum for the parents program detailing goals, objectives and activities of the 15 week program.
- Child Trainers Manual - The curriculum for the children's program detailing goals, objectives and activities of the 15 week program.
- Parent Manual - An easy to read resource manual for each parent describing effective behavior management techniques, communication skills and ways to increase growth in self and children.
- 10 films/audio cassette presentations - Comes complete with its own storage box. Each presentation is approximately 10 minutes long and serves as a major instructional tool in teaching parents appropriate behavior management. Based on real life problem situations, the filmstrip characters vividly portray ways to manage behavior. Included is:
  - The Nurturing Program - An introduction to the program discussing rationale, goals, and format.
  - Behavior Management - Explaining the principles of discipline, behavior management, and punishment
  - Red, White and Bruises - Discussing the limitations of hitting as a form of controlling children's behavior.
  - Praise - How and when to use praise to increase desired behaviors
  - Time-Out - Specific suggestions and steps in using time-out as a type of punishment.
  - Choices and Consequences - A technique used to encourage children to take responsibility for their behavior.
  - I Statements and You Messages - Teaching parents to express their needs and feelings by assuming ownership.

- Ages and Stages - A description of the importance appropriate expectations have on the child's self-concept.
- Ignoring - The appropriate use of ignoring as a behavior management technique.
- Chemicals and Kids Don't Mix - Increasing parents' awareness of the imapct chemical usage has on their relationship with their children.

- The Nurturing Game - Comes complete with cards, dice, game pieces, game board and box. A game for adults and children which encourages participants to express their feelings and issues related to self, and to reinforce behavior management concepts.
- Pair It - Styled after the fame Concentration, Pair It is a game for children to match pairs of cards depicting appropriate parent-child interactions.
- Dynamic Doer - A game for children based on the card game "Old Maid." The object is to end up with the "Dynamic Doer."
- Ask It, Tell It - A card game designed to increase awareness of self and others by choosing a Tell It Card or an Ask It card and following directions.
- The Nurturing Coloring Book - The book depicts program experiences, goals and concepts for children to color.
- Feeling Faces - Ten 12 x 17" drawings of children with varying expression of feelings.
- Ellie and Benny - A set of five pictures depicting inappropriate physical, hurting touch.
- Scary Touch Dolls - A set of four paper dolls of various racial backgrounds with moveable arms. Used for discussion with children of scary (inappropriate) sexual touch.
- Love Chart - Used with children in identifying things they love related to their five senses.
- Certificates of Participation - Each parent and child who completes the program receives a certificate recognizing their participation.

Comments from Program Participants

" I have learned through this course that there are better and more effective ways of managing behavior than always raising one's hand." - Parent--South Bend, IN

" I especially liked the idea that my child, as well as myself participated in and learned from this program. We talk things over as a family and one-on-one. A lot of fear and confusion was taken away. Each week, I would sit down with my husband and go over the material in my book. We would then talk about how we could apply these skills in our home. Often, my husband would ask, have you been using Time-Out (or whatever) when he saw a problem brewing. I also brought a friend and her children into the class. She and I supported each other. The group support was GREAT." - Parent--Chicago, IL

" I feel okay with the feelings I have inside now and because I'm okay with my feelings, I have started to become more honest with myself and others. If I wouldn't have taken the training, I still would have no respect or daughter." - Parent--Eau Claire, WI

Program Cost and Availability

The Nurturing Program for Parents and Children is currently being negotiated for publication with Family Development Associates, Inc. Program cost is anticipated to be around $550 for the entire package. For further information regarding purchase of the Nurturing Program, write to:

Mr. Lou Marchi, Sales Manager
Family Development Associates, Inc.
PO Box 94365
Schaumburg, IL 60194

or

Stephen Bavolek
Dept. of Special Education
University of Wisconsin - Eau Claire
Eau Claire, WI 54701

PREVENTION IN A NATURAL SETTING:
Cimmaron Community Development Project

"The success has come with the residents tackling community needs themselves and organizing projects."
Article in the St. Croix Valley Press

In 1979 the Minnesota legislature appropriated money for demonstration projects to prevent child abuse. Washington County Social Services applied for and received funds to implement a prevention project in the rural Cimarron community, a mobile home type park with 500 units, 1,300 residents, surrounded by farmland and located two miles from a small town, 20 minutes from downtown St. Paul.

"Want something better than apartment life? Cimarron.
The Apartment Beater."
Cimarron Marketing Brochure

The Washington County proposal stated that "rapid growth of new communities, ever-increasing child protection caseloads in these high-risk populations, and undocumented data on our widespread prevention efforts (lead us) to conclude that prevention efforts need to be of a greater intensity, focused on smaller segments of populations, and originate in the community if we are to insure the impact of prevention services to children."

After an initial beginning with a single staff person, who quickly resigned, the project shifted over to a team approach utilizing staff of the Wilder Foundation's Community Care Unit. This approach has continued and has as its benefits, interdisciplinary perspectives, mutual support and shared responsibilites. The Saint Paul Foundation, Washington County and the Cimarron Ownership have also provided financial support for the project. The Wilder staff began work in June of 1980 and the project terminates June 30, 1982. Our early conversations with people involved in similar projects around the country (Portland, Oregon conference, 1980) suggested to us that two to three years may be needed to successfully complete such a project.

Since the project is targeted at the prevention of child abuse - not at treatment - our attention has been focused on: 1) underlying causes or preconditions out of which abuse is predicted to emerge and 2) those coping skills, mechanisms and support which serve as stress modifiers. In "Primary Prevention Misunderstood", Emory L. Cowen singles out two areas for focusing primary prevention in the mental health field: "The analysis and modification of social environments and competence building." Stress inducing situations and stress reducers are our primary concerns. Other variables also contribute to abuse: inability to empathize with children, unrealistic parental expectations of children, approval of physical force in parenting and isolation. These have been kept in mind as we choose how and where to spend our time in Cimarron.

As a prevention project is is important to distinguish between primary and secondary prevention and to describe their relationship. Primary prevention refers to strategies and activities which are targeted to whole populations and which are appropriate to people who are not abusive or likely to be. Secondary prevention is targeted at vulnerable or "at risk" populations - those smaller populations more likely to be abusive due to the presence of some abuse correlated conditions.

To the extent that we see the entire community of Cimarron as our client, our project could be understood as primary prevention. When we focus on certain sub-populations - single parents, families under high stress, etc. - we are doing secondary prevention.

> "What the solution on child abuse is, we aren't certain. Perhaps this will work. If it does it is a fairly new approach."
> Editor's Column, St. Croix Valley Press

We have chosen to minimize secondary approaches in order to prevent labeling certain people as pre-abusive and thus to risk generating the defensiveness, avoidance and denials associated with the stigmatic aspects of abuse. Emphasizing the more primary approach, we hope not only to avoid the stigma issues, but to focus on one system - the community - rather than on individuals and families. This focus allows a community development approach which attempts to identify and build on the strengths of the community, a positive approach which, in effect, moves beyond prevention of negatives to promotion of positives. We thus look for and attempt to reinforce those forces which contribute to healthy parenting and families. An underlying assumption about child abuse prevention cited in "A Community Plan for Preventing Child Abuse" (A Wingspread Report, National Committee for Prevention of Child Abuse, 1979) was that "there exists in the United States a belief that the family unit provides the most beneficial environment for rearing and nourishing children and equipping them with values. A primary concern of all prevention programs should be to strengthen the family." Since a stigma exists about merely living in Cimarron, as with most mobile home parks, this positive approach is appreciated by residents, management and ownership, and their cooperation and participation is heightened.

> "Their aim was indirect prevention, community enrichment through resident's efforts. Wilder has sleuthed community leaders and done a good job of facilitating and helping several different communities move toward their goals. I endorse the Wilder effort."
> Cimarron Resident, published letter to the Editor of the St. Croix Valley Press.

> "I certainly appreciate being informed so we can help and continue our 100% support of these positive efforts."
> Memo from the Cimarron Park Manager to Wilder staff

Our basic strategy has been to create task forces and groups of Cimarron residents to develop and implement plans for actions which will improve the quality of life for Cimarron families. We discovered and worked with the natural leaders and helpers in the community who were interested in supporting positive, family oriented projects. Out of the many action possibilities generated by community meetings and interviews several areas were chosen for development by community people with reinforcement and assistance from our project staff:

- Babysitting Clinic and referral network
- Support and education group for young parents
- Welcome Committee for new residents
- Publicity for activities and resources
- Organization and coordination of volunteers
- Recreation activities for children
- Day Care Center organization

- Skills Exchange system
- Leadership development training

> "Do you have a skill to sell, trade or give to fellow residents? The Cimarron Skills Exchange is for you. It is being set up by the community planning group to make it easier and cheaper to get things done in our Park by tapping each other's skills."
> Park Newsletter, published monthly by the Management

We believed progress in any or all of these areas would increase conditions supportive of positive parenting, stress reduction, coping skills and support mechanisms. To support these activities we have connected outside resource people with community residents, provided consultation to individual resident leaders and management, assisted with materials procurement and offered personal support to all concerned.

> "I have done the STEP (Systematic Training for Effective Parenting) class in Cimarron. The feedback has been great."
> Letter to the Wilder Project Manager from a Cimarron parent, secretary and task force member

As we near the end of our involvement in the community, two closing strategies are being developed: 1) a booklet describing family strengthening and community development activities which have happened at the park, providing information about positive parenting and available helping resources and sharing our perspectives and recommendations for the community; and 2) a celebration/education event emphasizing fun, music, play and awareness reinforcing the theme that Cimarron is a good place to live.

> "BRING THE WHOLE FAMILY - CELEBRATE THE BEGINNING OF SUMMER - CIMARRON SUMMERFEST - For kids of all ages"
> Resident Task Force Flyer

> "They work well with a team approach and the combination of Mike's knowledge and expertise on community development and prevention projects and Kay's ability to develop good working relationships with the residents is a very effective one. They have been a real pleasure to work with."
> Letter to the State Department of Public Welfare from the Washington County grant manager

> "There is more of a closeness here since Wilder has been here."
> Letter from a Cimarron parent to Wilder staff

Communities are very complex, diverse and fascinating systems. Cimarron is no exception. Our Wilder staff has enjoyed our relationship with Cimarron. We have learned and grown through the experience. The overview nature of this summary article leaves out many of the specific activities and nuances of our work. For more indepth information about this and similar projects, or how you might set up community development and prevention approaches in your area, please write or call:

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LITTLE KIDS BUG ME

"Little Kids Bug Me" is a course designed for students in the middle school level. Its goals are to discourage teenage parenthood, teach the stages of child development and rudimentary parenting skills, and give instruction in good human relations and methods of handling anger, stress, and frustration. The program which is sponsored by Parents and Children Together (PACT), the Northern Alabama Chapter of the National Committee for Prevention of Child Abuse has been used extensively in school systems throughout the 12 counties of northern Alabama.

Taught by trained school personnel, volunteers from PACT, and members of groups such as the PTA, the course is taught in four one-hour segments. Methods of teaching include films with each session, interaction handouts to be used in small discussion groups, (i.e., Dear Abby letters on sibling rivalry, matching games for growth and development, questionnaire on communications with parents) and instructor demonstrations and role play.

The first session "Stay Out Of My Room" is designed to identify problems which siblings experience and to use them to demonstrate how children's undesirable behavior may be changed or altered to a more acceptable behavior. Non-violent parenting skills and the similarity of sibling problems among families are emphasized in this session.

"But Mom, You Just Don't Understand" is a session whose objectives are to create an awareness on the part of students as to the problems that are peculiar to adolescence, to isolate friction areas which occur between parents and teens, to try to explain why they occur, and to develop a better understanding of the parent-teen relationship.

Session III, "Prisoners Of Chance" is geared to making the students aware of the responsibilites of parenthood. Emphasis is placed on the child development process and on what children need to develop normally.

"Families In Trouble", the fourth session is designed to make students aware of the phenomena of child abuse/neglect. Questions asked include: What is abuse? Why do parents abuse? What are signs of abuse? What is done to help abusive parents and abused children? How is abuse reported?

"Little Kids Bug Me" has been field tested for 4 years in 8th grade classrooms utilizing approximately 10,000 students. Responses from both instuctors and students were very favorable.

In addition to "Little Kids Bug Me", PACT also offers parenting classes for adults using the curricula manuals "Parenting" and "Prenatal and Continuing Child Care."

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